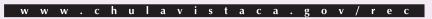


RECREATION DEPARTMENT

The Heart of the Neighborhood



373 Park Way • (619) 691-5083



Babysitter's Training

This American Red Cross Certification Course will help participants develop skills in leadership and professionalism, basic care, safety and safe play, and first aid.*

(Both classes must be attended in either session for certification.)

Parkway Community Center 373 Park Way • (619) 691-5083

Dec 12 & 19 • 9 AM - 12 PM #3116.463

*Reviewed and supported by the U.S. Consumer Product Safety Commission, Girl Scouts, Boy Scouts, YMCA, Boys and Girls Club and 4 H





\$55 Resident / \$69 Non-Resident

This class is intended for youth ages 11 - 15 years.

REGISTRATION FOR	∧ Babysitter's Training		Circle Class # 3116.463	cle Class # 3116.463
Participant:		Age:	Birth Date:	
Address:		City:	Zip:	
Day Phone:	Evening Phone:		Emergency Phone:	
l hereby assume all risks of REGIST I acknowledge that this AWRL for actions and responsibilities at sainers, successors and assigns, I her and agents, for the death, injury of any of REGISTRANT's actions of the administering of medical trelated activities, REGISTRANT motal be construed broadly to provits content. I further certify that I dindemnify each in the event of any	RANT's involvement in this activity. I certify that REGISTRAN will be used by The City of Chula Vista and the activity of a citivity. In consideration of REGISTRANT being permitted by (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY or property loss or damage of REGISTRANT or actions of an DHOLD HARMLESS the above-mentioned entities or persoluring this activity except for those claims arising from the automator to REGISTRANT if deemed advisable in the event ay be photographed. I agree to allow REGISTRANT's physical a release and waiver to the maximum extent permissil am the parent or guardian of the above-named participal y loss whatsoever due to a defect in my legal capacity.	T), and I ANT is physically fit, and has organizers, in which REGISTR ed to participate in this activity The City of Chula Vista and ny kind which may accrue to ons from any and all liabilitie sole negligent or willful condit of injury, accident and/or il oto, video or film likeness to ble under applicable law. I hant and that I will hold each	*(parent/gunot been advised otherwise by a qualified medica ANT may participate and that it will govern REGI ty, and on behalf of myself, my executors, administ directors, officers, employees, volunteers, repreme as a result of REGISTRANT's participation in this or claims made by other individuals or entities out of The City of Chula Vista or its agents. I hereby a during this activity. I understand that at this one used for any legitimate purpose by the City. The preby certify that I have read this document and upof the above-named individuals and entities harrows.	ardian), al person, STRANT's STRANT's sistrators, sentatives s activity; s a result y consent activity or his AWRL hderstand hless and
	to the second se			
REGISTRANT's Parent or Gud	ardian's Signature:			